

DUE DATE:

Please Read Instructions:

## TRANSCRIPT ORDER

1. NAME <b>CAMILLE M. KNIGHT</b>		2. PHONE NUMBER (214) 871-1133	3. DATE 3/31/2023
4. DELIVERY ADDRESS OR EMAIL <b>camille@cknightlaw.com</b>		5. CITY <b>DALLAS</b>	6. STATE <b>TX</b> 7. ZIP CODE <b>75202</b>
8. CASE NUMBER <b>4:23-CR-18</b>	9. JUDGE <b>JOHNSON</b>	DATES OF PROCEEDINGS 10. FROM 3/9/2023 11. TO 3/9/2023	
12. CASE NAME <b>USA v ALI HEMANI</b>		LOCATION OF PROCEEDINGS 13. CITY PLANO 14. STATE TX	
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER			

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		DETENTION HEARING	03/09/2023
<input type="checkbox"/> BAIL HEARING			

## 17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)  
By signing below, I certify that I will pay all charges  
(deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE <i>/s/CAMILLE M. KNIGHT</i>	PROCESSED BY
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19. DATE 3/31/2023	PHONE NUMBER
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TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS
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ORDER RECEIVED	DATE	BY
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DEPOSIT PAID	DEPOSIT PAID
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TRANSCRIPT ORDERED	TOTAL CHARGES	0.00
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TRANSCRIPT RECEIVED	LESS DEPOSIT	0.00
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ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT	TOTAL REFUNDED
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PARTY RECEIVED TRANSCRIPT	TOTAL DUE	0.00
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